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Clinical Practice

The use of a template for forensic medical examinations for fitness to detain and interview and its potential as a basic research tool

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ABSTRACT

The use of a template for forensic medical examinations has supporters and detractors. However, like the check list of a any pilot before take-off, it does provide a reasoned certainty that a good one, if properly followed, will at least prevent most errors of omission. It has the added advantage of uniformity and can thus be used in retrospect as a research tool either by the person who attended or by others since, as a form of tick-box exercise, the clarity and legibility are not compromised. This is of prime importance when dealing with people who have chaotic life styles and will very often be untruthful to the doctors attending them for a variety of reasons. A section on drugs and alcohol is essential. The legibility of doctor's writing has long been infamous and in a forensic medical situation this is no longer acceptable or in any other medical situation for that matter. As the General Medical Council (the regulatory body of medical practitioners in the UK) is at pains to stress, we owe our patients a duty of care which includes ensuring we have appropriate and legible notes. It is essential in court or other proceeding to confirm that a proper examination was carried out. This report shows the evolution of a template developed by one forensic physician practising in London, UK

> *"At nearly 80 mph the Spitfire slewed, dipped a wing and bumped on her belly with a rending noise across the soft earth. It stared back at him – the black knob of the propeller lever on the throttle quadrant, poking accusingly at him, still in the coarse pitch".*
>
> *Reach for the Sky*[1]

The pilot's checklist before take off or landing, was the impetus for creating a template for all examinations of prisoners, victims, officers and others that the forensic physician (FP) may be asked to see at police stations, hospitals, rape suites or home addresses.

There are several suggested individual questionnaires and a pro-forma[2] for the overall assessment of detention and interview (of four pages), for mental state, alcohol abuse and for drink-drive impairment,[3,4] but none, found published, cover an over-all assessment on a single, though crowded, sheet of A4.

The use of a template for forensic medical examinations has, and will always have, supporters and detractors. However, like the checklist of any sensible pilot before take-off or landing, it does provide a reasoned certainty that a good checklist, if properly followed, will at the least prevent most errors of commission or omission.

It has the added advantage of uniformity and can thus be used in retrospect as a research tool either by the person who attended or by others afterwards, as a form of tick-box exercise, as clarity and legibility are not compromised. This is of prime importance when dealing with people who have chaotic life styles and will very often lie, for a variety of reasons, to the doctors attending them. A section on drugs and alcohol is essential, especially with the increased use of Class A and skunk cannabis, and the mental health problems that the latter is causing.[5] Super beers and super ciders of strengths of 9.2% w/v and 7.5% w/v, respectively, are the norm for many patients that the FP will see. These forms of alcohol are very cheap to buy and 500 ml of 8% w/v being equivalent to 4 units of alcohol with one UK unit being equivalent to 10 ml or 8 g of pure alcohol. The legibility of a doctor's writing has long been infamous and in a forensic medical situation or in any other medical situation for that matter, is no longer acceptable. As the GMC is often at pains to stress, doctors owe their patients a duty of care and that includes taking good, as well as legible, clinical and forensic notes. It also shows in court that a proper examination was carried out.[6]

Despite the ban on smoking in all custody areas[7], a record of the patients smoking habits should be noted as they are often heavy smokers. There may be instances when a cigarette, a legal drug of dependence, is clinically indicated, despite the regulations.

The cases that FPs routinely see certainly benefit, in my opinion, from the use of a template to cover all the various aspects of their patients chaotic life style.

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1. Discussion

The original A4 template used by the author has gradually evolved since 1994, from the simple original version, to the one used today for an average some 2500 cases per annum.

The template has margins that are wide enough to allow concise drawings and other notes. At the top of the template is the date of the latest revision and if searched under: file, properties and then statistics will give the number of edits since the original creation of the document. This allows one to show continuity in terms of the trace-and- trail of clinical evidence gathering, which is so vital today when presenting the case in court as a professional medical witness.

The current template format is shown at the end, with a small index just before the template. It is, of course, a highly personalised template with a variety of generally accepted elements of medical short-hand and acronyms that make the history taking and recording more rapid and comprehensive without accuracy being sacrificed for speed. As a single sheet of A4 it is compact, and easily photocopied, unlike a book which some FPs use. The argument for the use of a book, in that pages cannot be torn out or altered without this being obvious, is easily overcome by the use of the time and date stamp machine available in all police stations, usually for police use.

The penalties for perverting the course of justice with a fraudulent retro-entry make this, if not unthinkable, certainly un-do-able.

One of the most important pieces of information to record, from the custody record front Sheet or National Strategy for Police Information Systems (NSPIS) computer entry, is the time and date when the person was arrested. One assumes, of course, that this is accurate. This tells the FP that, as of that moment and if properly searched, they should not have been able to take any further drugs, intoxicating drink or medicines.

It thus provides a start point for any decision to be based on for intoxication, medication or food, especially for insulin dependent diabetics. It also shows when a prisoner has been held for an unreasonably long time in custody, rather than being sent to court or transferred to an immigration centre, and about which the FP may raise real concerns. Since the introduction of compulsory drug testing for trigger offences, the presence of heroin and cocaine is often already known, however, this should be noted on the pro-forma, together with any details from the form 57M, the police medical questionnaire or NSPIS entry.

The basic template is self-explanatory and covers a multitude of possibilities and problems. It also contains a written consent form, confirming their informed consent was sought to allow them to be seen, treated and, if required, have forensic samples, drawings made or photographs taken.

There is a space to identify a chaperone or others present. Literacy may be a problem and included, for good reason in assault cases, there a note of whether they are right or left handed. In the average population 8–10% of people are left handed, but in the custodial situation it is 20–25%. There are a variety of theories ranging from the possible to the unlikely and then on to the wildly bizarre and highly improbable – as per Lombroso! When handwritten note taking, the use of a blue pen for a first consultation allows the manuscript notes to stand out from the page. If there are subsequent visits to the same person, then, as James Joyce did when editing versions of his manuscripts, the use of a different coloured pen; red for second visits and green of the much rarer third visits makes this quite clear.

This also has the medico-legal advantage of making it absolutely obvious when, and at which attendance the notes were made, and allows one to reasonably refute any possible suggestions by counsel, when cross-examined in court,[8] that the notes were added at a different time and thus not actually contemporaneous; cross-examination being part of the adversarial system of common law generally employed in the United Kingdom. This system, relying as it does on the skills of opposing advocates, led to the rather peevish, and some say apocryphal, exchange between judge and barrister: "Am I never to hear the truth?" "No, indeed not my Lord, only the evidence", replied counsel. Included on the template are anecdotal indicators of Class A drugs of abuse such as being a shoplifter and stealing in multiples of a high value item. Such items include perfumes, alcohol and meat, the latter two being favoured as they can be resold for 50% of the marked price rather than the more usual 25–30% resale return. The shoplifting of meat is almost pathognomonic for class A drug users in Lambeth and probably the rest of London from the conversations with patients.

The presence on the prisoner's police property sheet of the, often ubiquitous, Mini Martell bottle with a hole punched in the base is indicative of crack cocaine abuse. The presence of more than two disposable BiC lighters, sometimes up to 8, is another indicator of heroin and/or crack cocaine abuse. The smell of crack cocaine on clothes of heavy users is very distinctive and is like that of the urine of an uncastrated male cat, hence the acronym TCU.

This method of data collection has proved itself over the years, though the data itself it is inherently more unreliable than that obtained in a GP's surgery. It is also open to challenge on the grounds that it is anecdotal and, as is often quoted, two anecdotes do not make a fact. It could be argued that all such methodology in forensics is suspect due to the potential unreliability of the answers that one is likely to receive.

It should be further noted that such unreliability is not confined to prisoners, but may well occur in victims and even police officers. As the philosopher Friedrich Wilhelm Nietzsche (1844–1900) wrote: " I have done that says my memory, I have not done that say my pride. Gradually my memory yields to my pride."

Such scepticism, born from many years experience, is an unfortunate, though important part of clinical forensic work and gives rise to the not unreasonable supposition that the FME should be neither an optimist nor a pessimist, but a realist, in some sense a follower of the Buddhist: "Middle Way".

Abbreviations for the template

Shoplifter + Ms	stealing in multiples
MiniMartl	mini-Martell bottle as a crack pipe
Star sign?	an enumerative DoB might be false not knowing their correct star sign may confirm this
Lighters 2+	More than 2 *BiC* lighters
A/A	appropriate adult
R/A	responsible adult
S/D	sudden death
THC	tetra-H-cannabinol
Piano	move fingers (playing a piano)
TCU	Tom cat's urine

FT fit to...

D	detain
I	interview
BC	be charged
CD	continue on duty
TCV	travel in a cellular vehicle
AIC	appear in court
FH	fly home (overseas)

Conflict of interest statement

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Ethical approval

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Appendix

c:\word\forensic\template\apolice1.dot - 11.xi.08 @ 1/394/3193 Characters. **TEMPLATE(v.2008) - © rbc/08.**
Dr Robert M. Bruce-Chwatt (Group 17). FME No. 343. Book No. 83/
MBBS, DFFP, DMJ(pt1). Forensic Medical Examination. CONFIDENTIAL

On behalf Police/Detainee. Reason/Allegation/Charge/Shoplifter+Mlts Cust. No:
Place, Time & Date of arrest: *COZ*art test: H: +/- and C: +/-
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Stn/Crt/Hsp/Srg/Home. Day/Date Time: From to Age: Ht:
PoB:
DoB: (Star sign?)
Name.....M/F GP:
Arresting Officer:
PC Dealing: Address.....
Chaperone/Others present: .....Postcode.....

I,....., hereby give my written consent for Dr.....to examine me, to treat me as needs be, (to take (a) sample(s) of blood, saliva, hair, swabs and/or others that may be necessary for forensic purposes), to take notes, make drawings and/or take photographs and to make such reports as are required; the purposes of which are known to me. I am fully aware of the implications of giving false medical, therapeutic or surgical information in terms of any subsequent treatment that the doctor may give me, in good faith, as a result of such false information. I am also fully aware of the potential forensic and legal implications and that I do not have to agree to this examination.
Signed:....., the date..... being that of this examination. (Lit/Illit.) (L/R Hand)

Gen. Health. PMH. Medicines/Homœopathic Allergies Social/Job.
TB/Diab/RhFeb/Ep Hay fever
Headaches/Fits Illnesses/Ops/Pregs. **Tobacco Drugs (Lighters + MiniMrtl) Alcohol.**
Faints/Migraines. Asthm/HepABC/HIV. /day £/day 2+? Y/N Units /day
Imm: TetTox: Y/N **Hep A/B:** Y/N **BCG:** Y/N **Last meal/medication/drug fix @**

Previous FME visits: x Details from NSPIS/57M/Prpty: PtA. PtB. A/A or R/A?
Mental St: OrientTPS/Cognit/Memory/Thoughts/Delusions/Affect/Suicidal/Selfharm/Ideation
s.136/s.2/3 MHA 1983-E&W. S/D Bichat's Triad: Asystole - Apnoea - Pupils D&F
O/E. Appearance. Mood. **CNS**. Eyes: PERRLA/Cnjctva/Cornea.
Anaemia\Jaundice\Pallor\Cyanosis. **Alcohol** on breath? **THC/TCU**? Nystagmus/Bilat.
Race. Cauc\Mix\Afr\Asian\Chnse\AfrCarib\Arab\Med\AmrInd\Viet. Cranial Nerves.
1st 2nd 1st
CVS. HS II II II **BP** / mmHg **Limbs.** **Abdo**. LKKS / \
Tracks i/v & self harm scars. Sup/DVT Masses .
Added Murmurs Power/Tone/Co-ord/Piano/Aposit/Flx/Ext. T. G. / Scars \ /
Pulse. /ppm **Temp.** **Co-ord**.(s.4, RTA 1988.) = Finger-nose
Reg. Vol. Amp. Pyrex/Apyrex Romberg's sign +/- Heel-shin
GCS: E(4) V(5) M(6) = Balance/Gait.
Chest. SoB/SoBoE PN RS Exp **H.I.**= ? a) Diplopia, b) LoC, c) Vomiting.
? # Ribs **SpO^2 = %.** **Distinctive tattoos/piercings:**
Injuries noted and/or reported (see body chart prn.) (Hospital letter/ Form 170)
DIAGNOSIS: Rx/Treatment BS = mmol/L. CXR/SXR/AXR/U-S.

(FME review later? Y/N - @ Time.....Hours & Date.....Reason.....)
FTD/FTI(+App/Resp.Adlt)/FTC/FTCD/FTCV/FAIC/FTF/FTR/HOSP/CORONER
See own GP/Dentist prn. **NSPIS form: yes/no.**

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